

**ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.**

**REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF  
PROTECTED HEALTH INFORMATION FOR NON-TPO PURPOSES**

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our practice for non-TPO purposes. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list; however the practice will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures for non-TPO purposes made by the practice, you must submit your request in writing to Margaret M. Dieckhoner, Privacy Official, 2730 University Boulevard West, Suite 310, Wheaton, MD 20902, (301) 942-7600, Privacy Official.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City, State Zip

Dates Requested:

From: \_\_\_\_\_ To: \_\_\_\_\_  
*Time Period May not be longer than 6 years or prior to April 14, 2003*

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date